EVERGREEN HEALTH CENTER
1130 NORTH WESTFIELD STREET

TT30	NOK.I.H	WESTFIELD	STREET

OSHKOSH	54902	Phone: (920) 233-2340		Ownership:	Non-Profit Corporation
Operated from 1	/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conju	nction with F	Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds S	et Up and Sta	affed (12/31/05):	108	Title 18 (Medicare) Certified?	Yes
Total Licensed B	ed Capacity ((12/31/05):	108	Title 19 (Medicaid) Certified?	Yes
Number of Reside	nts on 12/31/	/05:	104	Average Daily Census:	105

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)	%			
Primary Diagnosis	8	Age Groups	8	Less Than 1 Year 1 - 4 Years	32.7 44.2
Developmental Disabilities	0.0	Under 65	1.0	More Than 4 Years	23.1
Mental Illness (Org./Psy)	34.6	65 - 74	6.7		
Mental Illness (Other)	3.8	75 - 84	23.1		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	54.8		
Para-, Quadra-, Hemiplegic	0.0	95 & Over	14.4	Full-Time Equivalent	
Cancer	1.9			Nursing Staff per 100 Resid	lents
Fractures	19.2		100.0	(12/31/05)	
Cardiovascular	13.5	65 & Over	99.0		
Cerebrovascular	0.0			RNs	11.3
Diabetes	0.0	Gender	%	LPNs	4.2
Respiratory	1.9			Nursing Assistants,	
Other Medical Conditions	25.0	Male	21.2	Aides, & Orderlies	47.5
		Female	78.8		
	100.0	İ		İ	
****		İ	100.0	 	

Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19)				Private Other Pay			2	Family Care				anaged Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	2.4	146	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0
Skilled Care	10	100.0	307	36	87.8	125	0	0.0	0	53	100.0	208	0	0.0	0	0	0.0	0	99	95.2
Intermediate				4	9.8	104	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	3.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Ir	ıj O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		41	100.0		0	0.0		53	100.0		0	0.0		0	0.0		104	100.0

EVERGREEN HEALTH CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, and	d Activities as of 12/	31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	8.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		82.7	17.3	104
Other Nursing Homes	2.8	Dressing	8.7		80.8	10.6	104
Acute Care Hospitals	80.1	Transferring	15.4		70.2	14.4	104
Psych. HospMR/DD Facilities	0.0	Toilet Use	14.4		69.2	16.3	104
Rehabilitation Hospitals	0.0	Eating	76.9		16.3	6.7	104
Other Locations	0.0	******	******	*****	******	******	*****
Total Number of Admissions	141	Continence		%	Special Treatmen	ts	8
Percent Discharges To:		Indwelling Or Extern	al Catheter	2.9	Receiving Resp	iratory Care	13.5
Private Home/No Home Health	32.2	Occ/Freq. Incontiner	nt of Bladder	60.6	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	24.0	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0				Receiving Osto	my Care	1.0
Acute Care Hospitals	4.9	Mobility			Receiving Tube	Feeding	1.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	1.0	Receiving Mech	anically Altered Diets	31.7
Rehabilitation Hospitals	0.0					_	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	32.2	With Pressure Sores		1.9	Have Advance D	irectives	98.1
Total Number of Discharges		With Rashes		1.0	Medications		
(Including Deaths)	143				Receiving Psyc	hoactive Drugs	38.5

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This		profit	100	-199	Ski	lled	Al	1
	Facility	Peer Group		Peer Group		Peer	Group	Faci	lities
	%	%	% Ratio		% Ratio		Ratio	%	Ratio
Occurrence Date: Newscap Daile General Triconced Dada	07. 2	02.4	1 04	0.0 1	1 00	0.0	1 00	0.0 1	1 10
Occupancy Rate: Average Daily Census/Licensed Beds	97.2	93.4	1.04	90.1	1.08	88.8	1.09	88.1	1.10
Current Residents from In-County	70.2	85.9	0.82	84.9	0.83	83.2	0.84	77.6	0.90
Admissions from In-County, Still Residing	17.0	20.9	0.82	18.1	0.94	18.7	0.91	18.1	0.94
Admissions/Average Daily Census	134.3	162.7	0.83	188.0	0.71	177.7	0.76	162.3	0.83
Discharges/Average Daily Census	136.2	162.0	0.84	191.1	0.71	179.2	0.76	165.1	0.82
Discharges To Private Residence/Average Daily Census	43.8	81.3	0.54	87.1	0.50	83.4	0.53	74.8	0.59
Residents Receiving Skilled Care	96.2	97.5	0.99	96.6	1.00	96.3	1.00	92.1	1.04
Residents Aged 65 and Older	99.0	96.3	1.03	90.0	1.10	91.3	1.08	88.4	1.12
Title 19 (Medicaid) Funded Residents	39.4	54.2	0.73	62.3	0.63	61.8	0.64	65.3	0.60
Private Pay Funded Residents	51.0	31.8	1.60	20.8	2.45	22.5	2.27	20.2	2.53
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	1.1	0.00	5.0	0.00
Mentally Ill Residents	38.5	33.9	1.14	34.5	1.11	34.8	1.10	32.9	1.17
General Medical Service Residents	25.0	25.2	0.99	22.0	1.14	23.0	1.09	22.8	1.10
Impaired ADL (Mean)	45.2	49.3	0.92	48.8	0.93	48.4	0.93	49.2	0.92
Psychological Problems	38.5	57.5	0.67	59.9	0.64	59.5	0.65	58.5	0.66
Nursing Care Required (Mean)	6.3	6.9	0.91	7.3	0.86	7.2	0.87	7.4	0.84